

DEC 31 1941 399

Registration District No.

Primary Registration District No. 1002

Registrar's No. 4658

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5529 Rockhill Road,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
(Specify whether
In this community 26 years, /
years, months or days)

3. (a) PRINT
FULL NAME

Frank R. Norman,

3. (b) If veteran,
name war

World War,

3. (c) Social Security
No. no.

4. Sex Male

5. Color or
race White

6. (a) Single, widowed, married,
divorced Married,

6. (b) Name of husband or wife

Bernice Norman,

6. (c) Age of husband or wife if
alive years

7. Birth date of deceased

June
(Month)

6
(Day)

1894
(Year)

8. AGE:

Years

Months

Days

If less than one day

47

6

6

hr. min.

9. Birthplace

Kansas,

(City, town, or county)

(State or foreign country)

10. Usual occupation

Realtor

11. Industry or business

X

MOTHER FATHER

12. Name

James B. Norman,

13. Birthplace

Illinois,

(City, town, or county)

(State or foreign country)

14. Maiden name

Laura C. Mitchell,

15. Birthplace

Carolina,

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs. Frank R. Norman,

(b) Address

5529 Rockhill Road, K. C., Mo.

17. (a)

Burial

(b) Date thereof

12-15-41

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

int. mort.

18. (a) Signature of funeral director

Stina A. McClure,

(b) Address

3235 Gillham Plaza, Kansas City, Mo.

19. (a)

Dec. 15 1941

(b)

M. M. Crow

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 5529 Rockhill Road,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12th.
year 1941 hour 10:10 minute A. M.

21. I hereby certify that I attended the deceased from

19 to 19;
that I last saw him alive 19 to 19;
and that he died 19 to 19 at the date and hour stated above.
Immediate cause of death gun shot wound of head

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence 12-12-41
(c) Where did injury occur? KC Jackson mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work?

(Specify type of place)

(e) Means of injury

23. Signature Russell (M. D. or other) 3

Address KCM Date signed

JAN 13 1942

DEC 26 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 1415

P. O. Address 15. E. 170

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.